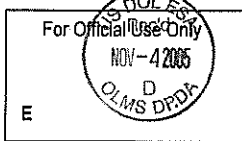


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13559</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>J</u> <u>Moore</u> P.O. Box, Bldg., Room No., if any Street <u>2605 Wakefield Drive</u> City <u>Belmont</u> State <u>California</u> ZIP Code + 4 <u>94002-2931</u>	4. Name, file number, and address of labor organization. <u>LU 8</u> Name <u>International Union of Elevator Constructors</u> Labor Organization File Number <u>094250</u> P.O. Box, Building and Room Number, if any Street <u>690 Potrero Ave.</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94110</u>
5. Position in labor organization. <u>Executive Board Member</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael J Moore

On 10/25/2005
Date

650-248-3044
Telephone Number

Name of Person Filing Michael Moore	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Elevator Industry Educational Prgm</p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street 11 Larsen Way</p> <p>City Attleboro Falls</p> <p>State Massachusetts ZIP Code + 4 02763-1068</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 100%;" type="text"/> ZIP Code + 4 <input style="width: 100%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>Payment as an Instructor of the Educational Plan.</p> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>Payment as an Instructor of the Educational Plan.</p> <p>12.b. Amount. <input style="width: 100%;" type="text"/> \$6,880</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 100%;" type="text"/> ZIP Code + 4 <input style="width: 100%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>

1 Wages, tips, other comp. 6880.00		2 Federal income tax withheld 31.00	
3 Social security wages 6880.00		4 Social security tax withheld 426.56	
5 Medicare wages and tips 6880.00		6 Medicare tax withheld 99.76	
a Control Number 008003 46/AFQ	Dept. 008300	Corp. A	Employer use only 394
c Employer's name, address, and ZIP code NATIONAL ELEVATOR INDUSTRY 11 LARSEN WAY ATTLEBORO FALLS MA 02763			
Batch #00993			
b Employer's FED ID number 23-6421955		d Employee's SSA number 568-92-6301	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other 81.18 SDI		12b 12c 12d	
13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code MICHAEL J. MOORE 2605 WAKEFIELD DR BELMONT,CA 94002			
15 State CA	Employer's state ID no. 910-3257 3	16 State wages, tips, etc. 6880.00	
17 State income tax 2.78		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Web Site at www.irs.gov.

Employee Reference Copy
W-2 Wage and Tax Statement 2004
Copy C for employee's records. OMB No. 1545-0008

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer.

Gross Pay	6880.00	Social Security Tax Withheld Box 4 of W-2	426.56	CA. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	2.78 81.18
Fed. Income Tax Withheld Box 2 of W-2	31.00	Medicare Tax Withheld Box 6 of W-2	99.76		

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	6,880.00	6,880.00	6,880.00	6,880.00
Reported W-2 Wages	6,880.00	6,880.00	6,880.00	6,880.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**MICHAEL J. MOORE
2605 WAKEFIELD DR
BELMONT,CA 94002**

Social Security Number: **568-92-6301**
Taxable Marital Status: **MARRIED**
Exemptions/Allowances:
FEDERAL: 1
STATE: 1

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1 Wages, tips, other comp. 6880.00		2 Federal income tax withheld 31.00	
3 Social security wages 6880.00		4 Social security tax withheld 426.56	
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b Employer's FED ID number 23-6421955		d Employee's SSA number 568-92-6301	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other 81.18 SDI		12b 12c 12d	
13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code MICHAEL J. MOORE 2605 WAKEFIELD DR BELMONT,CA 94002			
15 State CA	Employer's state ID no. 910-3257 3	16 State wages, tips, etc. 6880.00	
17 State income tax 2.78		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement 2004
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 6880.00		2 Federal income tax withheld 31.00	
3 Social security wages 6880.00		4 Social security tax withheld 426.56	
5 Medicare wages and tips 6880.00		6 Medicare tax withheld 99.76	
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b Employer's FED ID number 23-6421955		d Employee's SSA number 568-92-6301	
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9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
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13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code MICHAEL J. MOORE 2605 WAKEFIELD DR BELMONT,CA 94002			
15 State CA	Employer's state ID no. 910-3257 3	16 State wages, tips, etc. 6880.00	
17 State income tax 2.78		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

CA. State Reference Copy
W-2 Wage and Tax Statement 2004
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 6880.00		2 Federal income tax withheld 31.00	
3 Social security wages 6880.00		4 Social security tax withheld 426.56	
5 Medicare wages and tips 6880.00		6 Medicare tax withheld 99.76	
a Control Number 008003 46/AFQ	Dept. 008300	Corp. A	Employer use only 394
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b Employer's FED ID number 23-6421955		d Employee's SSA number 568-92-6301	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other 81.18 CA SDI		12b 12c 12d	
13 Stat emp.		Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code MICHAEL J. MOORE 2605 WAKEFIELD DR BELMONT,CA 94002			
15 State CA	Employer's state ID no. 910-3257 3	16 State wages, tips, etc. 6880.00	
17 State income tax 2.78		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

CA. State Filing Copy
W-2 Wage and Tax Statement 2004
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008